exploitation, and the freedom of conscience. 5. The defeat of many plots for the destruction of our economic independence.

In conclusion, we earnestly hope that our true and tried friends will lead others to understand and appreciate the benefits of a professional journal, which is free from commercial influence, because :—

"I hold every man a debtor to his Profession; from the which as men of course do seek to receive countenance and profit, so ought they of duty to endeavour themselves by way of amends, to be a help and ornament thereunto."

OUR PRIZE COMPETITION.

HOW WOULD YOU RECOGNISE PERFORATION IN A CASE OF ENTERIC FEVER? WHAT IMMEDIATE ACTION WOULD YOU TAKE AND HOW COULD YOU TEMPORARILY RELIEVE THE PATIENT?

We have pleasure in awarding the prize this week to Miss M. Cullen, Queen Mary's Hospital, Stratford, E.

PRIZE PAPER.

Perforation of the intestine is the most dangerous of all the complications of enteric fever. It most frequently occurs during the third week or a little later.

The onset may be acute. First symptoms consist of sudden sharp pain in the abdomen, with tenderness, hiccough, shivering, and vomiting.

The pain persists more or less continuously. The patient will lie with knees drawn up. The face becomes sunken, and is covered with cold, clammy perspiration.

There may be a rise or fall in the temperature, the pulse becoming rapid and feeble.

The only treatment which affords any chance of recovery is immediate operation; as soon as these symptoms are found to be present it must be reported at once to the doctor, who will decide whether the patient's condition will stand an operation. If so, then the abdomen is opened, and the hole in the intestine sewn up.

What has really happened to cause the peritonitis is that a minute opening will be found in the floor of an ulcer, which has been left after the separation of a slough from a Peyer's patch, and through this opening the contents of the bowel escape into the abdominal cavity and set up this inflammation.

If there is any special reason that the surgeon will not operate, he will probably order opium to check the motions.

The onset of perforation is not always so acute, and the symptoms may not be very marked, especially if the patient should be delirious or unconscious. It is therefore most necessary to observe the patient very closely, and to report immediately to the doctor any signs of abdominal pain and distension.

Meantime, to allay the severe pain, hot fomentations may afford some relief, with a few drops of laudanum sprinkled on. Or a piece of flannel wrung out of boiling water to which turpentine ʒi is added.

If there is much flatulence or distension, a long tube may be passed several inches up into the bowel, thus allowing the flatus to escape.

Treat the patient as for shock if very collapsed; raise the foot of the bed on blocks, apply hot bottles to the extremities. Give nothing by mouth.

Some relief may be afforded by a firm pillow placed under the patient's knees, as he will lie with the knees drawn up. The nurse must try to make him as comfortable as possible, and keep perfectly quiet.

He should not be moved more than absolutely necessary; if the bowels should act, a pad of absorbent wool placed on a mackintosh should be gently placed under him, and changed when needed. He must not be lifted on to a bedpan. Absolute rest must be given him.

In a very good Paper, Miss M. D. Hunter makes several points. She says: Some abdominal alteration will be noticed. There may be distension, or occasionally there is retraction, but in either case there is rigidity and marked tenderness. On palpation the pain is nearly always found to be more noticeable over the right iliac region. There will be immobility of the abdominal muscles during respiration, so that the movements are entirely thoracic. . . . There is sometimes frequent vomiting; often there is resonance instead of liver dulness, owing to the free gas in the peritoneal cavity.

Mrs. Gotlob writes: Diet must be carefully guarded during convalescence, as ulcers may still remain unhealed, and injudicious feeding may cause relapse. There are few conditions in which a patient's life depends so much upon the doctor and nurse.

HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss M. D. Hunter, Mrs. J. Gotlob, Miss M. E. Thorpe, Miss C. L. Taplin, Miss R. E. S. Cox, Miss M. V. E. Davey, and Mrs. M. Farthing.

QUESTION FOR NEXT WEEK.

How does puerperal septicæmia arise? Describe the course and management of the disease.

previous page next page